

Express Mail Mailing Label No.: EV399912454US

TRANSMITTAL  
FORM

|                           |                   |
|---------------------------|-------------------|
| Application Serial Number | 10/080,856        |
| Filing Date               | February 22, 2002 |
| First Named Inventor      | Herz              |
| Group Art Unit            | 2175              |
| Examiner Name             | Chojnacki         |
| Attorney Docket No.       | PXL-048           |
| Patent No.                | Not applicable    |
| Issue Date                | Not applicable    |

## ENCLOSURES (check all that apply)

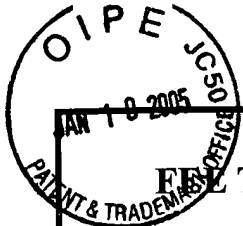
- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><br><input checked="" type="checkbox"/> Petition for Extension of Time<br><br><input type="checkbox"/> Second Supplemental Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of Supp. IDS Citations (B5-B6)<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><br><input type="checkbox"/> Formal Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input checked="" type="checkbox"/> Return Receipt Postcard<br><br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|--|

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,  
  
Date: 1/10/05  
Reg. No. 35,722  
Tel. No.: (617) 248-7738  
Fax No.: (617) 248-7100  
  
Thomas A. Turano  
Thomas A. Turano  
Attorney for Applicant  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110



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**FEE TRANSMITTAL**  
FY 2005

Complete if Known

|                           |                     |
|---------------------------|---------------------|
| Application Serial Number | 10/080,856          |
| Filing Date               | February 22, 2002   |
| First Named Inventor      | Herz                |
| Group Art Unit            | 2175                |
| Examiner Name             | Melissa M Chojnacki |
| Attorney Docket No.       | PXL-048             |

**METHOD OF PAYMENT**

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.

- ☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.

- ☒ Overpayment Credit.

3. ☐ Applicant claims small entity status.

**FEE CALCULATION****1. FILING/SEARCH/EXAM/SIZE FEES****Large Entity**

| Fee (\$) | Fee Description                                | Fee Paid |
|----------|--|----------|
| 300      | Utility filing fee                             |          |
| 500      | Utility search fee                             |          |
| 200      | Utility exam fee                               |          |
| 250      | Utility size fee (each add'l 50 pgs. over 100) |          |
| 200      | Design filing fee                              |          |
| 100      | Design search fee                              |          |
| 130      | Design exam fee                                |          |
| 250      | Design size fee (each add'l 50 pgs. over 100)  |          |

|              | Number Filed | Number Extra | Rate         | Amount |
|--------------|--------------|--------------|--------------|--------|
| Total Claims | - 20 =       |              | x \$ 50.00 = |        |

|                    |       |  |              |  |
|--------------------|-------|--|--------------|--|
| Independent Claims | - 3 = |  | x \$200.00 = |  |
|--------------------|-------|--|--------------|--|

- ☐ Multiple Dependent Claim(s), if any \$360.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$ ) 0.00

**2. AMENDMENT CLAIM FEES**

| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid |
|-------------------------------|---------------------------------|---------------|------|----------|
|-------------------------------|---------------------------------|---------------|------|----------|

|          |        |   |              |        |
|----------|--------|---|--------------|--------|
| Total 45 | - 37 = | 8 | x \$ 50.00 = | 400.00 |
|----------|--------|---|--------------|--------|

|          |       |   |               |  |
|----------|-------|---|---------------|--|
| Indep. 2 | - 2 = | 0 | x \$ 200.00 = |  |
|----------|-------|---|---------------|--|

- ☐ First Presentation of Multiple Dep. Claim + \$ 360.00 =

TOTAL: (\$ )400.00

SMALL ENTITY DISCOUNT: (\$ )

SUBTOTAL (2) (\$ )400.00

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description  | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130                   | 65                    | Surcharge - late filing fee or oath                            |          |
| 50                    | 25                    | Surcharge - late provisional filing fee or cover sheet         |          |
| 130                   | 130                   | Non-English specification                                      |          |
| 2,520                 | 2,520                 | Request for ex parte reexamination                             |          |
| 120                   | 60                    | Extension for reply within first month                         |          |
| 450                   | 225                   | Extension for reply within second month                        | 450.00   |
| 1020                  | 510                   | Extension for reply within third month                         |          |
| 1590                  | 795                   | Extension for reply within fourth month                        |          |
| 2160                  | 1080                  | Extension for reply within fifth month                         |          |
| 500                   | 250                   | Notice of Appeal   |          |
| 500                   | 250                   | Filing a brief in support of an appeal                         |          |
| 1000                  | 500                   | Request for oral hearing                                       |          |
| 400                   | 400                   | Petitions to the Commissioner (Gp. I)                          |          |
| 200                   | 200                   | Petitions to the Commissioner (Gp. II)                         |          |
| 130                   | 130                   | Petitions to the Commissioner (Gp. III)                        |          |
| 180                   | 180                   | Submission of Information Disclosure Statement                 |          |
| 790                   | 395                   | Filing a submission after final rejection (37 CFR 1.129(a))    |          |
| 790                   | 395                   | For each additional invention to be examined (37 CFR 1.129(b)) |          |
| 100                   | 100                   | Certificate of Correction for applicant's error                |          |
| 130                   | 65                    | Submission of Terminal Disclaimer                              |          |
| Other fee (Specify)   |                       |  |          |
| Other fee (Specify)   |                       |  |          |

SUBTOTAL (3) (\$ ) 450.00

SUBTOTAL (1) 000.00

SUBTOTAL (2) 400.00

SUBTOTAL (3) 450.00

TOTAL (\$ ) 850.00

**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

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